

Fall-Related Injury Hospitalizations Among Older Adults

Virginia 2000



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I. Introduction (Table 1 and Figure 1)

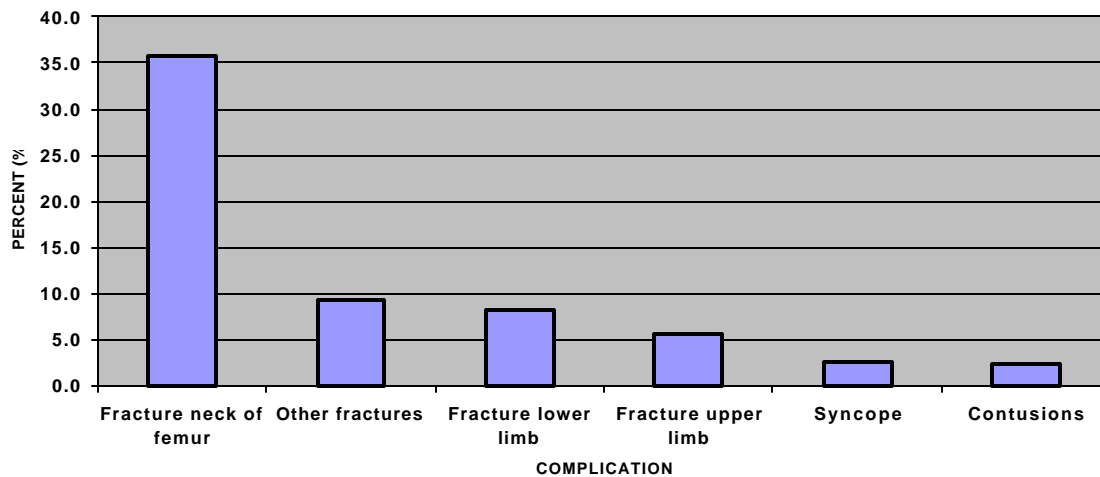
In Virginia during year 2000, falls were the leading causes of injury hospitalizations for persons aged 65 and above and accounted for 71% of the total injury hospitalizations of this age group. Most fall injuries for the age group 65 and above occurred due to slipping or tripping on the same level and this accounted for 22% of all fall injuries, followed by falls from stairs or steps (5%) and falls from chair or bed (2%). The most common complication of fall injuries for the age group 65 and above was fracture of neck of femur* and that accounted for 36% of all hospital admissions due to falls. Fractures of the upper or lower limbs accounted for 14% of all hospital admissions due to fall. The total hospital charges for fall injuries for the age group 65 and above were \$151,118,085 and this accounted for 70% of all hospital charges due to injuries for age group 65 and older. The average length of stay (LOS) for age group 65 and above due to fall injuries was 6.2 days.

**TABLE 1: COMPLICATIONS OF FALL INJURIES, AGE 65 AND ABOVE,
INJURY HOSPITALIZATIONS, VIRGINIA 2000**

Complications	Frequency	Col %
Trauma related joint dislocation	33.0	0.3
Fracture neck of femur	3926.0	35.7
Spinal cord injury	22.0	0.2
Skull face fractures	49.0	0.4
Fracture upper limb	614.0	5.6
Fracture lower limb	913.0	8.3
Other fractures	1033.0	9.4
Sprains and strains	103.0	0.9
Intra-cranial injuries	435.0	4.0
Crushing internal injury	90.0	0.8
Open wounds Head, neck, throat	55.0	0.5
Open wounds extremities	26.0	0.2
Contusions	253.0	2.3
Syncope	281.0	2.6
Rehabilitation care prostheses fit	112.0	1.0
Other complications	3069	27.8
Total	11014.0	100.0

*Part of the hipbones

FIGURE 1: COMPLICATIONS OF FALL INJURIES, AGE 65 AND ABOVE, VIRGINIA 2000



II. Falls due to slipping or tripping on the same level (Table 2 and Figure 2)

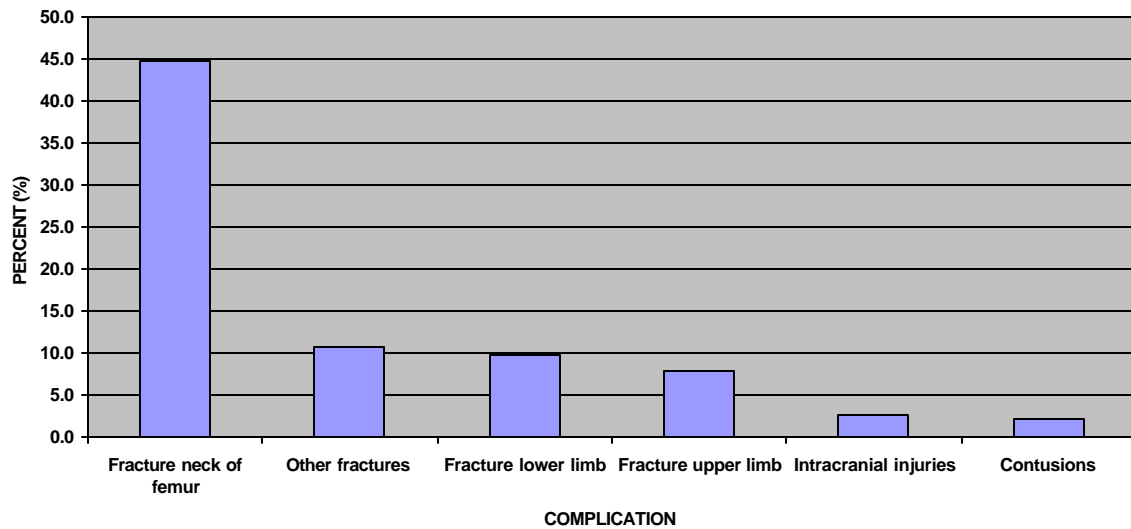
Falls due to slipping or tripping resulted in 2,463 injuries of age group 65 and above and this accounted for 22% of all injury hospitalizations due to falls for the age group 65 and above. This type of fall injury had several complications. Falls due to slipping or tripping on the same level resulted in 1,100 cases of fracture neck of femur* (45%), followed by fractures of the upper or lower limbs (17%).

TABLE 2: COMPLICATIONS OF FALL INJURIES DUE TO SLIPPING OR TRIPPING ON THE SAME LEVEL, INJURY HOSPITALIZATIONS, AGE 65 AND ABOVE, VIRGINIA 2000

Complications	Frequency	Col %
Fracture neck of femur	1100.0	44.7
Spinal cord injury	4.0	0.2
Skull face fractures	8.0	0.3
Fracture upper limb	190.0	7.7
Fracture lower limb	239.0	9.7
Other fractures	263.0	10.7
Sprains and strains	23.0	0.9
Intra-cranial injuries	66.0	2.7
Crushing internal injury	20.0	0.8
Open wounds head, neck , throat	9.0	0.4
Open wounds extremities	4.0	0.2
Complications device graft implant	11.0	0.4
Contusions	55.0	2.2
Other complications	471.0	19.1
Total	2463.0	100.0

*Part of the hipbones

FIGURE 2: COMPLICATIONS OF FALL INJURIES DUE TO SLIPPING OR TRIPPING ON SAME LEVEL, AGE 65 AND ABOVE, VIRGINIA 2000



III. Fall from stairs or steps (Table 3 and Figure 3)

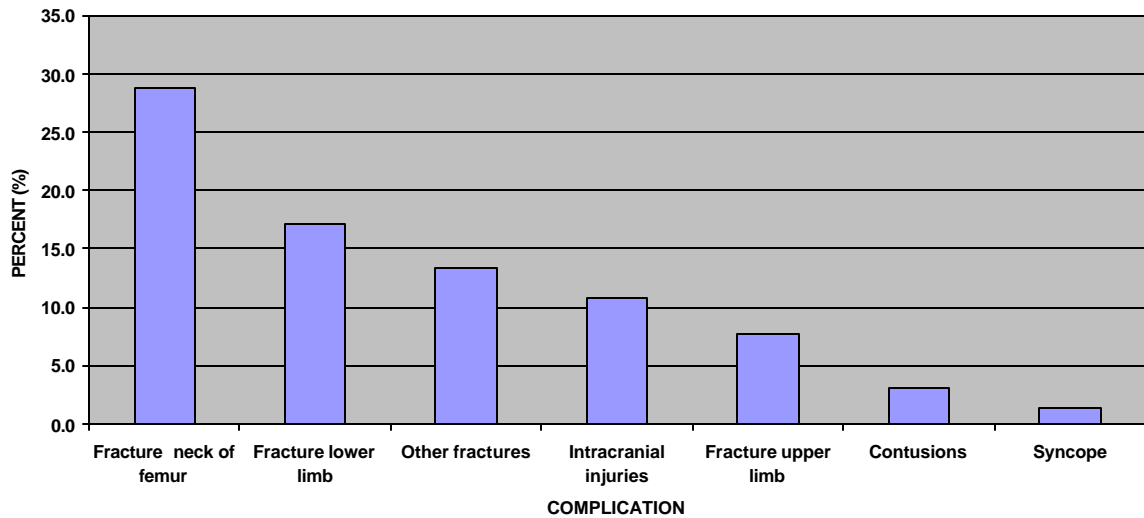
Falls from stairs or steps resulted in 516 injuries to the persons 65 years of age and older, and this accounted for 5% of all injury hospitalizations due to falls for the age group 65 and above. This type of fall injury had several complications. Falls from stairs or steps resulted in 148 cases of fracture neck of femur* (29%), followed by fractures of the lower limb (17%).

TABLE 3: COMPLICATIONS OF FALL FROM STAIRS OR STEPS, INJURY HOSPITALIZATIONS, AGE 65 AND ABOVE, VIRGINIA 2000

Complications	Frequency	Col %
Fracture neck of femur	148.0	28.7
Spinal cord injury	1.0	0.2
Skull face fractures	3.0	0.6
Fracture upper limb	40.0	7.8
Fracture lower limb	88.0	17.1
Other fractures	69.0	13.4
Sprains and strains	7.0	1.4
Intra-cranial injuries	56.0	10.9
Crushing internal injury	6.0	1.2
Open wounds head, neck, throat	4.0	0.8
Complications device graft implant	3.0	0.6
Contusions	16.0	3.1
Syncope	7.0	1.4
Other complications	68.0	13.1
Total	516.0	100.0

*Part of the hipbones

FIGURE 3: COMPLICATIONS OF FALL FROM STAIRS OR STEPS, AGE 65 AND ABOVE, VIRGINIA 2000



IV. Falls from a chair or a bed (Table 4 and Figure 4)

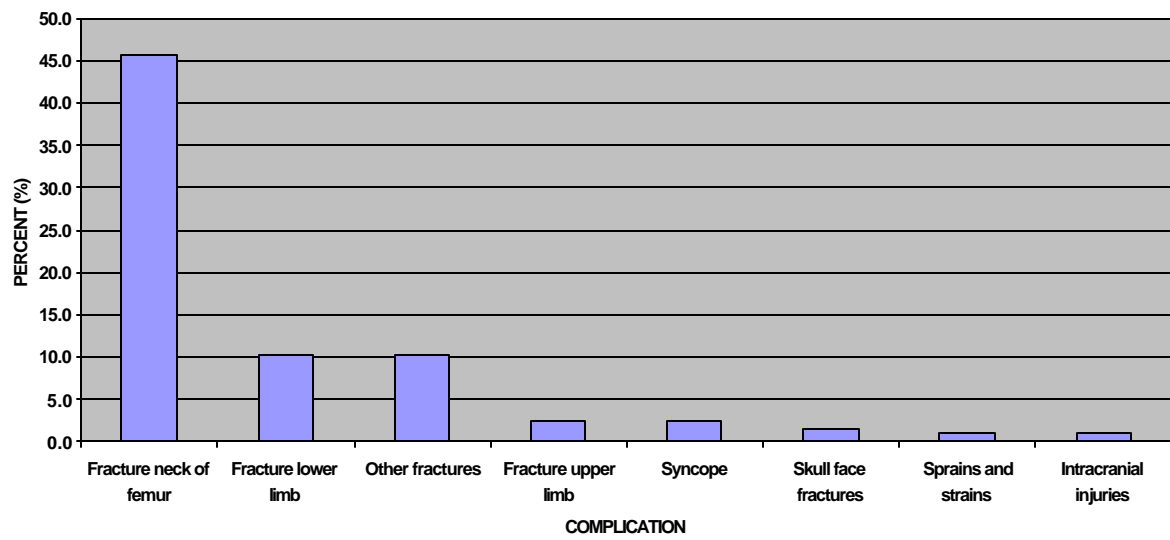
Falls from a chair or a bed resulted in 204 injuries of the age group 65 and above and this accounted for 2% of all injury hospitalizations due to falls for age group 65 and above. This type of fall injury had several complications. Falls from a chair or a bed resulted in 93 cases of fracture neck of femur* (46%), followed by fractures of the lower limb (10%).

TABLE 4: COMPLICATIONS OF FALL FROM CHAIR OR BED, INJURY HOSPITALIZATIONS, AGE 65 AND ABOVE, VIRGINIA 2000

Complications	Frequency	Col %
Fracture neck of femur	93.0	45.6
Skull face fractures	3.0	1.5
Fracture upper limb	5.0	2.5
Fracture lower limb	21.0	10.3
Other fractures	21.0	10.3
Sprains and strains	2.0	1.0
Intra-cranial injuries	2.0	1.0
Syncope	5.0	2.5
Other complications	52.0	25.4
Total	204.0	100.0

*Part of the hipbones

FIGURE 4: COMPLICATIONS OF FALL FROM CHAIR OR BED, AGE 65 AND ABOVE, VIRGINIA 2000



Tips on Fall Prevention for Older Adults



Falls are not just the result of getting older. Many falls can be prevented. Falls are usually caused by a number of things. By changing some of these things, you can lower your chances of falling.

Q. How can I improve my balance?

A. Exercise is one of the most important ways to reduce your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination are the most helpful. Lack of exercise leads to weakness and increases your chances of falling. Ask your doctor or health care worker about the best type of exercise program for you.

Q. How can I make my home safer to avoid falling?

1. Remove things you can trip over (such as papers, books, clothes, and shoes) from stairs and places where you walk.
2. Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
3. Keep items you use often in cabinets you can reach easily without using a step stool.
4. Have grab bars put in next to your toilet and in the tub or shower.
5. Use non-slip mats in the bathtub and on shower floors.
6. Improve the lighting in your home. As you get older, you need brighter lights to see well. Lamp shades or frosted bulbs can reduce glare.
7. Have handrails and lights put in on all staircases.
8. Wear shoes that give good support and have thin non-slip soles. Avoid wearing slippers and athletic shoes with deep treads.

Q. How can I avoid the side effects of the prescribed and over the counter medications which can make me drowsy?

A. Have your doctor or pharmacist look at all the medicines you take (including ones that don't need prescriptions such as cold medicines). As you get older, the way some medicines work in your body can change. Some medicines, or combinations of medicines, can make you drowsy or light-headed that can lead to a fall.

Q. How can I improve my vision?

A. Have your eyes checked by an eye doctor. You may be wearing the wrong glasses or have a condition such as glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

Sources

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